

**NON-HEARING MOTION FOR DEFAULT JUDGMENT;
DECLARATION; EXHIBITS(S) 1 THROUGH _____;
AFFIDAVIT OF COUNSEL RE: ATTORNEY'S FEES;
NOTICE OF MOTION; CERTIFICATE OF SERVICE; ORDER**

TWO-SIDED FORM

Page 1 of 3

Form #3DC18

**IN THE DISTRICT COURT OF THE THIRD CIRCUIT

DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

Against Defendant(s):

NON-HEARING MOTION FOR DEFAULT JUDGMENT

Plaintiff(s) moves for an Order Granting Default Judgment against Defendant(s) on the grounds that Defendant(s) failed to appear or otherwise defend for ☐ Pre-Trial conference ☐ Trial or to otherwise defend, and the time to otherwise move or plead has expired and has not been extended in this action.

This Motion is made pursuant to District Court Rules of Civil Procedure, Rule 55(b)(2), and is based upon the attached Declaration(s), Exhibits 1 through _____, and the records and files herein.

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Plaintiff or ☐ associated with Plaintiff(s) as _____ and submit this based upon personal knowledge and information from business records which are maintained in the ordinary course of business and from entries made therein at or near the time of the events so recorded.
2. The following are facts why the Motion should be granted (attach verified complaint and/or continuation sheet if necessary):
3. Attached hereto as Exhibits 1 through _____ are true and correct copies of the documents in support of Plaintiff(s)' claims for judgment against Defendant(s) as named.
4. Based upon your Declarant's experience as _____, the amount of damages sustained by Plaintiff(s) is fair and reasonable.
5. Plaintiff(s) has incurred additional costs of \$_____ for: _____.
6. Defendant(s) is not an infant or incompetent person; default of Defendant(s) has been entered by the Court for failure to appear for ☐ Pre-trial conference ☐ Trial or to otherwise defend; Defendant(s) is not in the military service of the United States as defined by the Soldier's and Sailor's Civil Relief Act of 1940 or any amendments thereto; the amount due is justly due and owing and no part thereof has been paid; and the disbursements sought to be taxed have been made or incurred thereon.

Date:

Signature of Declarant:

Print/Type Name:

NOTICE OF MOTION

TO: _____:

NOTICE IS GIVEN that the undersigned has filed this Motion. Any response to this Motion must be in writing on the space provided below (attach separate page if more space is needed) and filed with the Court no later than 10 days from the date shown on the Certificate of Service below when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at ☐ **75 Aupuni Street, Room 205, Hilo, Hawai'i 96720** ☐ **79-7595 Haukapila Street, (P.O. Box 9017) Kealahou, Hawai'i 96750** ☐ **67-5175 Kamamalu Street, Kamuela, Hawai'i 96743. IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

Date:

Signature of Respondent Party(ies)/Responding Party(ies)' Attorney:

Print/Type Name:

SEE NEXT PAGE

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney: Print/Type Name:
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COURT ORDER

☐ This Motion is granted. Default Judgment in favor of Plaintiff(s) and against Defendant(s) shall enter as follows:

Principal Claimed	\$	
Interest	\$	
Attorney's Fees	\$	
Costs of Court	\$	
Sheriff's Fees	\$	
Sheriff's Mileage	\$	
Other Costs	\$	
Total Default Judgment Amount		\$

☐ This Motion is Denied.

Date:	Judge of the above-entitled Court
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.

Default Entered Against the Above-named Defendant(s) on _____ _____ Clerk, District Court of the Above Circuit, State of Hawai'i

I certify that this is a full, true and correct
copy of the original on file in this office.

Clerk, District Court of the Above Circuit, State of Hawai'i

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Civil No. _____